

**RI-MC002**

## REQUEST FOR RECORDS SEARCH AND/OR COPIES

**PLEASE COMPLETE ALL KNOWN INFORMATION**

I am looking for: ☐ the entire case ☐ the documents listed below

Page 1 of 2

REQUESTING PARTY :	CASE OR CITATION NUMBER: (IF KNOWN)
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To pay by credit card, please complete the following:

I hereby authorize the Riverside Superior Court to charge my credit card account. ☐ Credit Card charges should not exceed \$ \_\_\_\_\_.

Cardholder Name: \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

FOR COURT USE ONLY			
Systems Searched: <input type="checkbox"/> Genesis IND-SUN <input type="checkbox"/> Genesis RIV-SUN <input type="checkbox"/> Microfilm <input type="checkbox"/> Microfiche <input type="checkbox"/> Records Center			
<input type="checkbox"/> Other: _____			
Processed by: _____			
Records Search Fee:	\$15.00 x _____	= \$ _____	Total
Copy Fee:	\$ 0.50 x _____	= \$ _____	Total
Certification Fee:	\$25.00 x _____	= \$ _____	Total
Certified Divorce Decree:	\$15.00 x _____	= \$ _____	Total
Exemplification Fee:	\$ 50.00 x _____	= \$ _____	Total
Off-Site File/Document Retrieval Fee:	\$15.00 x _____	= \$ _____	Total
Postage:	\$ _____		
		\$ _____	Total Fee Due
		\$ _____	Total Fees Paid
Receipt Number: _____			
<input type="checkbox"/> Check/Money Order			
<input type="checkbox"/> Credit Card			
<input type="checkbox"/> Fee Waiver (filed and approved)			